STATE OF NEW HAMPSHIRE PART TIME HMO AND POS MEDICAL NEPBA LOCAL 40, 45, 260, 265 and 270 STATE & EMPLOYEE CONTRIBUTION CHART

WITH \$30/\$42/\$52 EE CONTRIBUTIONS EFFECTIVE 03/21/2014 The employee's share of Point of Service and HMO plans are the 26 PP respective working rate, less the employee share from the CBA (\$30/\$42/\$52), times the % of participation, then the employee share from the CBA (\$30/\$42/\$52) added back.

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GROUP: 30 to 31.5 Hours

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HMC	DEE CONTR	RIBUTION	HMO ER CO	NTRIBUTION	W RATE
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$80.96	\$2,104.96	\$203.82	\$5,299.32	\$7,404.28
HL-2	\$147.51	\$3,835.26	\$422.02	\$10,972.52	\$14,807.78
HL-3	\$223.85	\$5,820.10	\$687.40	\$17,872.40	\$23,692.50

POS EE CONTRIBUTION			POS ER CON	W RATE		
	26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$92.05	\$2,393.30	\$248.20	\$6,453.20	\$8,846.50	
HL-2	\$169.70	\$4,412.20	\$510.80	\$13,280.80	\$17,693.00	
HL-3	\$259.36	\$6,743.36	\$829.45	\$21,565.70	\$28,309.06	

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GROUP: 32.0 to 34.50 POS

HMO EE CONTRIBUTION			HMO ER CO	W RATE		
	26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$68.22	\$1,773.72	\$216.56	\$5,630.56	\$7,404.28	
HL-2	\$121.13	\$3,149.38	\$448.40	\$11,658.40	\$14,807.78	
HL-3	\$180.89	\$4,703.14	\$730.36	\$18,989.36	\$23,692.50	

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POS EE CONTRIBUTION			POS ER CONT	W RATE	
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$76.54	\$1,990.04	\$263.71	\$6,856.46	\$8,846.50
HL-2	\$137.78	\$3,582.28	\$542.72	\$14,110.72	\$17,693.00
HL-3	\$207.52	\$5,395.52	\$881.29	\$22,913.54	\$28,309.06

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GROUP: 35.0 to 37.0

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HMO EE CONTRIBUTION		HMO ER CO	0		
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$47.83	\$1,243.58	\$236.95	\$6,160.70	\$7,404.28
HL-2	\$78.93	\$2,052.18	\$490.60	\$12,755.60	\$14,807.78
HL-3	\$112.15	\$2,915.90	\$799.10	\$20,776.60	\$23,692.50

POS EE CONTRIBUTION			POS ER CON	W RATE	
	26PP	ANNUAL	26PP	ANNUAL	TOTAL
HL-1	\$51.72	\$1,344.72	\$288.53	\$7,501.78	\$8,846.50
HL-2	\$86.70	\$2,254.20	\$593.80	\$15,438.80	\$17,693.00
HL-3	\$124.58	\$3,239.08	\$964.23	\$25,069.98	\$28,309.06

FT EMPLOYEE CONTRIBUTION							
	<u>20</u>	6 PP					
HL-1: 1 PERSON	\$	30.00					
HL-2: 2 PERSON	\$	42.00					
HL-3: FAMILY	\$	52.00					

MONTHLY WORKING RATES								
		POS		HMO				
HL-1: 1 PERSON	\$	737.21	\$	617.02				
HL-2: 2 PERSON	\$	1,474.41	\$	1,233.98				
HI -3: FAMILY	\$	2 359 08	\$	1 974 37				

POINT OF SERVICE (POS)

	POS 26 PP	%			
HL-1: 1 PERSON	340.25	20%	62.05	30.00	92.05
HL-2: 2 PERSON	680.50	20%	127.70	42.00	169.70
HL-3: FAMILY	1,088.81	20%	207.36	52.00	259.36

	HMO 26 PP	%			
HL-1: 1 PERSON	284.78	20%	50.96	30.00	80.96
HL-2: 2 PERSON	569.53	20%	105.51	42.00	147.51
HL-3: FAMILY	911.25	20%	171.85	52.00	223.85

HEALTH MAINTENANCE ORGANIZATION (HMO)

	COMPANY-STATE SHARE (3006)				EMPLOYEE SHARE (3004)				COMPANY-STATE SHARE (3003)				EMPLOYEE SHARE (3001)			
WEEKLY HRS RANGE	<u>%</u>	TYPE	PLAN	AMT PER 26 PP	<u>%</u>	TYPE	PLAN	AMT PER 26 PP	<u>%</u>	TYPE	<u>PLAN</u>	AMT PER 26 PP	<u>%</u>	TYPE	PLAN	AMT PER 26 PP
30.0	80%	HL HL	1 2	248.20 510.80	20%	HL HL	1 2	92.05 169.70	80%	HL HL	1 2	203.82 422.02	20%	HL HL	1 2	80.96 147.51
(30 to 31.5)		HL	3	829.45		HL	3	259.36		HL	3	687.40		HL	3	223.85
32.0	85%	HL HL	1 2	263.71 542.72	15%	HL HL	1 2	76.54 137.78	85%	HL HL	1 2	216.56 448.40	15%	HL HL	1 2	68.22 121.13
(32 to 34.5)		HL	3	881.29		HL	3	207.52		HL	3	730.36		HL	3	180.89
35.0	93%	HL	1	288.53	7%	HL	1	51.72	93%	HL	1	236.95	7%	HL	1	47.83
(35 to 37)		HL HL	3	593.80 964.23		HL HL	3	86.70 124.58		HL HL	3	490.60 799.10		HL HL	3	78.93 112.15
FULL TIME	100%	HL	1	310.25	0%	l HL	1	30.00	100%	HL	1	254.78	0%	HL	1	30.00
(37.5 to >)	10076	HL HL	2	638.50 1036.81	078	HL HL	2	42.00 52.00	10078	HL HL	2	527.53 859.25	078	HL HL	2	42.00 52.00
(55 to >)			Ů				Ů	32.00			1	550.25			Ť	02.00